

# CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.  
Please type or print clearly. Press Hard.

State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814

① Manifest Number **015-003779**

<b>GENERATOR</b> (Generator Must Complete)  ② Name <b>ALUMINUM CO. OF AMERICA VERNON WORKS</b> EPA NO. <b>C A D 0 7 4 1 2 6 6 8 1</b> Address <b>5151 ALCOA AVE.</b> Phone No. <b>588-6141</b> City, State, Zip <b>VERNON, CA. 90058</b>	③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)  Name <b>OPERATING INDUSTRIES INC.</b> EPA NO. <b>C A D 0 8 0 0 1 2 0 2 4</b> Address <b>900 N. POTRERO GRANDE DR.</b> City, State, Zip <b>MONTEREY PARK, CA.</b>	④ Alternate TSD Facility SFUND RECORDS CTR 999000359  <b>CHEMICAL WASTE</b> Name <b>MANAGEMENT INC.</b> EPA NO. <b>C A T 0 0 0 6 4 6 1 1 7</b> Address <b>P.O. BOX 1104 430 W. ELM AVE.</b> City, State, Zip <b>COALINGA, CA. 93210</b>
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⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER:
WASTE					TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS
WASTE					<input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK
					<input type="checkbox"/> OTHER

⑥ WASTE CATEGORY <b>#7</b> LIST COMPONENTS:	⑦ EX. HAZ. WASTE PERMIT NO.	⑧ GENERATING PROCESS <b>ALUMINUM FABRICATION</b>																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>CONC. UPPER</th> <th>RANGE LOWER</th> <th>UNITS</th> </tr> </thead> <tbody> <tr> <td>A. _____</td> <td></td> <td></td> <td><input type="checkbox"/> % <input type="checkbox"/> ppm.</td> </tr> <tr> <td>B. _____</td> <td></td> <td></td> <td><input type="checkbox"/> % <input type="checkbox"/> ppm.</td> </tr> <tr> <td>C. _____</td> <td></td> <td></td> <td><input type="checkbox"/> % <input type="checkbox"/> ppm.</td> </tr> <tr> <td>D. _____</td> <td></td> <td></td> <td><input type="checkbox"/> % <input type="checkbox"/> ppm.</td> </tr> </tbody> </table>		CONC. UPPER	RANGE LOWER	UNITS	A. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.	B. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.	C. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.	D. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>CONC. UPPER</th> <th>RANGE LOWER</th> <th>UNITS</th> </tr> </thead> <tbody> <tr> <td>E. _____</td> <td></td> <td></td> <td><input type="checkbox"/> % <input type="checkbox"/> ppm.</td> </tr> <tr> <td>F. _____</td> <td></td> <td></td> <td><input type="checkbox"/> % <input type="checkbox"/> ppm.</td> </tr> <tr> <td>G. _____</td> <td></td> <td></td> <td><input type="checkbox"/> % <input type="checkbox"/> ppm.</td> </tr> </tbody> </table>		CONC. UPPER	RANGE LOWER	UNITS	E. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.	F. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.	G. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.
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⑩ WASTE PROPERTIES: pH <b>7</b> <input type="checkbox"/> Toxic <input type="checkbox"/> Flammable <input type="checkbox"/> Corrosive/Irritant <input type="checkbox"/> Reactive <input type="checkbox"/> Sensitizer <input type="checkbox"/> Carcinogen/Mutagen																																						
⑪ PHYSICAL STATE: <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Sludge <input type="checkbox"/> Slurry <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Other <b>ALUMINUM OXIDES &amp; WATER</b>																																						
⑫ SPECIAL HANDLING INSTRUCTIONS: <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator <input type="checkbox"/> Other																																						

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ *[Signature]* Signature of Authorized Agent and Title  
 ⑭ **3-23-82** Date Shipped

<b>TRANSPORTER</b> (HAULER MUST COMPLETE)  ⑭ NAME <b>ASBURY OIL CO.</b> EPA NO. <b>C A D 0 2 8 2 7 7 0 3 6</b> ADDRESS <b>13419 Halldale Avenue</b> PHONE NO. <b>(213) 321-1392</b> CITY, STATE, ZIP <b>Gardena, California 90249</b>	⑮ PICK-UP DATE <b>3-23-82</b> TIME _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	⑯ <i>[Signature]</i> Signature of Authorized Agent and Title ⑰ <b>3-23-82</b> Date
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<b>TSD FACILITY</b> (FACILITY-OPERATOR MUST COMPLETE)  ⑰ NAME <b>OPERATING INDUSTRIES INC</b> 18 QUANTITY (If Measured) _____ EPA NO. <b>C A T 0 8 0 0 1 2 0 2 4</b> 19 STATE FEE (If Any) _____ PHONE NO. _____	⑱ HANDLING OR DISPOSAL METHOD: <input type="checkbox"/> Surface Impoundment <input type="checkbox"/> Landfill <input type="checkbox"/> Injection Well <input type="checkbox"/> Land Treatment <input type="checkbox"/> Treatment (Specify) _____ <input type="checkbox"/> Recovery or Reuse <input type="checkbox"/> Storage/Transfer	⑲ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: _____ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: _____ ⑳ NAME _____ EPA NO. _____
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⑳ *[Signature]* Signature of Authorized Agent and Title  
 ㉑ **3-23-82** Date Accepted  
 TO TRANSPORTER